

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 12/1553913 FILING DATE

APPLICANT(S)

12/16/04

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1		1				51	8	10			
2	1		1				52	8	10			
3	1		1				53					
4	1		1				54					
5	1		1				55					
6	1		1				56					
7	4						57					
8	2		2				58					
9	2		2				59					
10	2		2				60					
11	1		1				61					
12	1		1				62					
13	1		1				63					
14	1		1				64					
15	2		2				65					
16	2		2				66					
17	2		2				67					
18	2		2				68					
19	3		3				69					
20	3		3				70					
21	3		3				71					
22	3		3				72					
23	1		1				73					
24	1		1				74					
25	2		2				75					
26	1		1				76					
27	1		1				77					
28	2		1				78					
29	1		2				79					
30	3		3				80					
31	1		1				81					
32	2		2				82					
33	1		1				83					
34	1		1				84					
35	1		1				85					
36	1		1				86					
37	1		1				87					
38	1		1				88					
39	1		1				89					
40	1		1				90					
41	1		1				91					
42	1		1				92					
43	1		1				93					
44	1		1				94					
45	1		1				95					
46	1		1				96					
47	1		1				97					
48	2		1				98					
49	2		1				99					
50	1		1				100					
TOTAL IND.	21		22				TOTAL IND.	4		2		
TOTAL DEP.	37		44				TOTAL DEP.	0		2		
TOTAL CLAIMS	57		69				TOTAL CLAIMS	0		2		